FORM D

SEC 1972 (6/02) Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL								
OMB Number: 3235-007 Expires: May 31, 200 Estimated average burden nours per response								
SEC USE ONLY								
Prefix Seria								
DATE RECEIVED								

Name of Offering (☐ Check if this is an amendment and name has changed, and Private Placement	indicate change.)
Filing Under (Check box(es) that apply): □ Rule 504 □ Rule 505 ⊠ Rule	506 ☐ Section 4(6) ☐ ULOE
Type of Filing: ☐ New Filing ☐ Amendment	
A. BASIC IDENTIFICATION I	DATA
Enter the Information Requested about the Issuer	1001 NOV BROOK HIGH BRIGHT HIGH AND STATE THE BRIGHT HIGH
Name of Issuer (□ check if this is an amendment and name has changed, and indic	cate change.) 03010979
STAR AUTO FINANCE, LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (including Area Code)
1137 North Federal Highway, Fort Lauderdale, Florida 33304	(954) 615-1400
Address of Principal Business Operations (Number and Street, City, State, Zip Cod (if different from Executive Offices)	de) Telephone Number (including Area ROCESSEI
Brief Description of Business	MAR U 4 2003
Provide lending to sub-prime borrowers to purchase automobiles	TUONGOOM
Type of Business Organization  corporation business trust  limited partnership, already formed limited partnership, to be formed	FINANCIAL  ⊠ other (please specify): Limited Liability  Company

#### **GENERAL INSTRUCTIONS**

Actual or Estimated Date of Incorporation or Organization: |0 |2 |

Federal:

Who must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17CFR230.501 et seg. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

Year

l0 1 l

Actual

Estimated

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Month

Where to File U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

		<b>A.</b> 1	BASIC IDENTIFI	CATION DATA		
• E • E • E is	ach promoter of ach beneficial of quity securities of ach executive of suers; and	wner having the p of the issuer; fficer and director	ssuer has been organi ower to vote or dispos	and of corporate genera	disposition of, 10	% or more of a class of partners of partnership
Check Box(es	) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (La Szapiro, Dov	st name, first, if i	ndividual)				
Business or R	esidence Addres	s (Number and S	Street, City, State, Zip (	Code)		
1137 North Fe	ederal Highway,	Fort Lauderdale	, Florida 33304			
Check Box(es	) that Apply:	☐ Promoter	□ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (La Szapiro, Uri	st name, first, if i	ndividual)				
Business or R	esidence Addres	s (Number and S	Street, City, State, Zip (	Code)	<del>.</del>	
1137 North Fe	ederal Highway,	Fort Lauderdale	, Florida 33304			
Check Box(es)	that Apply:	☐ Promoter	☐ Beneficial Owner	□ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (La	st name, first, if i	ndividual)				
Business or R	esidence Addres	s (Number and S	Street, City, State, Zip (	Code)		
Check Box(es	) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (La	st name, first, if	ndividual)			<del> </del>	
Business or R	esidence Addres	s (Number and S	Street, City, State, Zip (	Code)		
	(Us	e blank sheet, or	copy and use additiona	al copies of this sheet, a	is necessary)	
Check Box(es	) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (La	st name, first, if	ndividual)				
Business or R	esidence Addres	s (Number and S	Street, City, State, Zip (	Code)		

					B. INI	ORM/	ATION	ABOU'	T OFF	ERING					
1.	Has the i	ssuer sol	d. or doe	s the issu	Jer intend	to sell t	o non-ac	credited i	nvestors	in this off	fering?			Yes	No ⊠
••	000 1													_	
2	· · · · · · · · · · · · · · · · · · ·										\$50.0	າດດ			
۷.	Wilat is		idili ilives	sanent an	at will be	accopied	nom an	y intarvidu	ai:						
3.	Does the	offering	permit jo	int owner	ship of a	single un	it?							×	ï
4.	remunera associate dealer. I	ation for ed person f more tha	solicitátic i or agen an five (5)	on of pure t of a brok persons	chasers ker or dea	in connection connection in connection conne	ction with tered with	n sales of n the SEC	securities and/or w	es in the vith a stat	offering. e or state	If a pers s. list the	son to b name of	e listed the br	d is an oker or
Ful	l Name (L	ast name	e first, if ir	ndividual)											
Bus	siness or	Residenc	e Addres	s (Numb	er and St	reet, City	, State, Z	ip Code)						4	
Na	me of Ass	ociated E	Broker or	Dealer											
Sta							Solicit P	urchasers						□ AII	States
Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?  3. Does the offering permit joint ownership of a single unit?  4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is a associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer only.  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)  [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [H] [D] [MT] [NE] [NV] [H] [NJ] [NM] [NV] [NV] [NV] [VV] [VV] [VV] [VV] [VV															
Ful	l Name (L	ast name	e first, if in	ndividual)			12		· <del>- 7</del>						
Bu	siness or	Residenc	e Addres	s (Numb	er and St	reet, City	, State, Z	(ip Code)				-			
Na	me of Ass	ociated E	Broker or	Dealer											
Sta		Answer also in Appendix, Column 2, if filing under ULOE.  the minimum investment that will be accepted from any individual?  e offering permit joint ownership of a single unit?  e information requested for each person who has been or will be paid or given, directly, any commission or similar ration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an ted person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or if more than five (3) persons to be listed are associated persons of such a broker or dealer, you may set forth the information broker or dealer only.  Last name first, if individual)  Residence Address (Number and Street, City, State, Zip Code)  sociated Broker or Dealer  high Person Listed Has Solicited or Intends to Solicit Purchasers  "All States" or check individual States)  [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [ID] [ID] [ID] [ID] [ID] [ID] [I													
	[IL] Î [MT]	[NE] NEI	[IA] [NV]	[KS] [NH]	[NJ]	[LA] [NM]	ME) [NY]	[MD] [NC]	(MA) (ND)	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MÒ] [PA]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box   and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
		Aggregate	A
	Type of Security	Öffering Price	Amount Already Sold
	Debt	\$ <u>-0-</u>	\$ <u>-0-</u>
	Equity	\$ <u>-0-</u>	\$ <u>-0-</u>
	· □ Common □ Preferred		
	Convertible Securities (including warrants)	\$ <u>-0-</u>	\$ <u>-0-</u>
	Partnership Interests	\$ <u>-0-</u>	\$ <u>-0-</u>
	Other (Specify General Debentures (Notes) (See note on page 5)	\$2,500,000	\$ <u>-0-</u>
	Total	\$2,500,000	\$ -0-
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Monadaaa	Aggregate Dollar Amount
		Number Investors	of Purchases
	Accredited Investors	-0-	\$ <u>-0-</u>
	Non-Accredited Investors		\$0
	Total (for Filings under Rule 504 only)		\$ -0-
	Answer also in Appendix, Column 4, if filing under ULOE.		•
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities		
	sold by the issuer, to date, in offerings of the types indicated, in the twelve(12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	-0-	\$ <u>-0-</u>
	Regulation A	-0-	\$ <u>-0-</u>
	Rule 504	-0-	\$ <u>-0-</u>
	Total	-0-	\$ <u>-0-</u>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Tra	ansfer Agent's Fee		□ \$ <u>-0-</u>
Pr	inting and Engraving Costs		□ \$ <u>-0-</u>
Le	gal Fees		<b>■</b> \$ <u>10,000</u>
Ac	counting Fees		□ \$ <u>-0-</u>
Er	ngineering Fees		□ \$ <u>-0-</u>
	ales Commission (specify finders' fees separately)		□ \$ <u>-0-</u>
	her Expenses (identify) Miscellaneous related expenses		
	Total		⊠ \$ <u>15,000</u>

	<ul> <li>Enter the difference between the ag</li> <li>1 and total expenses furnished in "adjusted gross proceeds to the issu</li> </ul>	gregate offering price given in response to Part C - Qu response to Part C - Question 4.a. This difference uer."	estion is the	\$ <u>2</u> ,	485,000
5.	for each of the purposes shown. If the a check the box to the left of the estimate	ed gross proceeds to the issuer used or proposed to be amount for any purpose is not known, furnish an estimat e. The total of the payments listed must equal the ad n response to Part C - Question 4.b above.	used te and justed		
				Payments Officers, Directors & Affiliates	& Payments to
Sa	laries and fees		[	□ \$ <u>-0-</u>	□ \$ <u>-0-</u>
Pu	rchase of real estate		[	□ \$ <u>-0-</u>	□ \$ <u>-0-</u>
Pu	rchase, rental or leasing and installation	of machinery and equipment	[	□ \$ <u>-0-</u>	□ \$ <u>-0-</u>
Co	nstruction or leasing of plant buildings a	nd facilities	[	□ \$ <u>-0-</u>	□ \$ <u>-0-</u>
Ac in	quisition of other businesses (including the exchange for the assets or securities of a	ne value of securities involved in this offering that may be another issuer pursuant to a merger)	eused [	□ \$ <u>-0-</u>	□ \$ <u>-0-</u>
Re	payment of indebtedness		[	□ \$ <u>-0-</u>	□ \$ <u>-0-</u>
W	orking capital		[	□ \$ <u>-0-</u>	\$2,485,000
Ot	ner (specify)			□ \$ <u>-0-</u>	□ \$ <u>-0-</u>
_					
Co	olumn Totals		E	□ \$ <u>-0-</u>	<b>⊠</b> \$ <u>2,485,000</u>
То	tal Payment Listed (column totals added	)		⊠ 9	\$2,4 <u>85,0</u> 00
_		D. FEDERAL SIGNATURE			
Th fol red	e issuer has duly caused this notice to be lowing signature constitutes an undertak quest of its staff, the information furnishe	signed by the undersigned duly authorized person. If the ingree by the issuer to furnish to the U.S. Securities and Ed by the issuer to any non-accredited investor pursuant	his notic Exchang t to para	e is filed ui ge Commis graph (b)(	nder <u>Rule 505,</u> the sion, upon written 2) of <u>Rule 502</u> .
lss	suer (Print or Type)		Date		
ST	AR AUTO FINANCE, LLC	DAR	Rb	25	, 2003
Na	ime of Signer (Print or Type)	Titte of Signer (Print or Type)			
Do	ov Szapiro <	Managing Member		,	
NC	TE: For each \$50,000.00 invested in the soffering, will be issued to the investor.	Company's Notes, Membership Units representing 0.2	% of th	e Compan	y, as of the date o
		ATTENTION			

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

## **E. STATE SIGNATURE**

- 1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? Yes No See Appendix, Column 5, for state response □
- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) STAR AUTO FINANCE, LLC	Signature	Date 15 , 2003
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Dov Szapiro	Managing Member	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

**APPENDIX** 1 2 3 4 Disqualification under State ULOE (if yes, attach explanation of Type of security and aggregate offering price Intend to sell Type of investor and to non-accredited offered in state (Part C-Item 1) amount purchased in State waiver granted) (Part E-Item 1) investors in State (Part B-Item 1) (Part C-Item 2) Number of Number of Accredited Non-Accredited State Yes No **Amount** Amount Yes No **Investors Investors** ΑL AK ΑZ AR CA CO СТ DE DC FL XX \$2,500,000 -XX Notes GA HI ID IL IN IΑ KS KY LA ME MD MA MI ΜN MS MO MT NE NV NH NJ XX \$2,500,000 -XX Notes NM NY \$2,500,000 -XXXX Notes NC ND OH OK OR

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				APPEN	DIX				
1	Intend to non-ad investors (Part B-	to sell ccredited s in State	3 Type of security and aggregate offering price offered in state (Part C-Item 1)		4  Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA	1								
WA									
WV									
WI									
WY									
PR					ĺ				

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